# GOVERNMENT OF INDIA
# HEALTH AND FAMILY WELFARE
# LOK SABHA

UNSTARRED QUESTION NO:2910
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Surveillance System for Mosquito Borne Diseases
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**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has upgraded the Surveillance System for Mosquito Borne Diseases in the recent past;

(b) if so, the details thereof;

(c) if not, the reasons therefor; and

(d) whether such steps will help to improve the health parameters in the country and if so, the details, thereof?

## Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a) to (c): Yes. The disease surveillance has been upgraded under the programme by adding sentinel surveillance for Malaria, Dengue, Chikungunya and JE and special surveillance in Lymphatic Filariasis and Kala-azar.

Malaria:
Considering the importance of active surveillance the Government of India, in January 2011, as an interim measure, provided 100% support from National Health Mission (NHM) for 9655 contractual MPWs (M) in 235 identified backward districts, having high disease burden (malaria and kala-azar) initially for one year and later extended upto September 2014.

Sentinel Surveillance for management of severe cases and preventing deaths due to malaria has been strengthened by identifying more sentinel sites and to make all of them functional. Presently 419 sentinel sites for malaria have been identified and made functional in the country.

Considering the malaria elimination target, electronic upgradation of surveillance system is envisaged for faster communication, early detection of cases and rapid response.

Passive surveillance being done by all health facilities upto sub-centre level has been extended upto the community level through Accredited Social Health Activists (ASHAs)/Community Health Volunteers (CHVs).

Dengue/Chikungunya:
For disease surveillance for dengue and chikungunya and to facilitate early diagnosis, Sentinel Surveillance Hospitals (SSHs) with laboratory support have been established across the country. There is a steady increase in number of SSHs with ELISA facility from 110 in 2007 to 542 during 2016 to strengthen reporting of laboratory confirmed Dengue and Chikungunya cases. Besides, 15 Apex Referral Laboratories (ARLs) are also providing advanced diagnostic support to the system.

JE/AES:
Number of Sentinel sites for JE has been increased from 51 in 2005 to 130 at present and Apex Referral Laboratories increased from 12 to 15 at present.

Lymphatic Filariasis:
Lymphatic filariasis is mosquito born chronic disease slated for elimination as per national health policy 2002. The global goal of elimination is 2020. The twin pillars of elimination are Annual MDA for disease interruption with co-administration of DEC+ Albendazole.

Morbidity management for patient who have developed lymphedema and hydrocele. For lymphedema home based management through simple hygiene of limb washing, drying and up scaling of hydrocele cases in designated CHCs, PHCs and Govt. hospitals.

In lymphatic filariasis post MDA surveillance is in place.

Post MDA surveillance is implemented in two ways

I. Periodic surveys- Repeating a TAS is the best option for periodic surveys during post-MDA surveillance. A series of post-MDA surveillance surveys are being conducted to evaluate whether recrudescence has occurred. Each survey conducted approximately 2-3 years following the previous survey and in a similar design as the original TAS.

II. Ongoing surveillance activities - Ongoing surveillance in implemented to detect new foci of transmission, collect data on infection trends in the general population and confirm the interruption of transmission.

Entomological surveillance by the state zonal teams has also been strengthened through the involvement of ICMR institutions in the country and NCDC.

(d): Malaria:
Upgradation of surveillance would help in meeting the target of malaria elimination by 2030 and to improve the health parameters in the country. Under National Framework for Malaria Elimination (NFME), the interruption of transmission of malaria and zero indigenous cases and deaths due to malaria is targeted to achieved in 15 states/ UTs under category 1 (States/UTs including their districts reporting an API of less than 1 case per 1000 population at risk) by 2020, in 11 states/ UTs under category 2 (States/UTs with an API of less than 1 case per 1000 population at risk, but some of their districts are reporting an API of 1/1000 or above) by 2022; in 10 states/ UTs under category 3 (States/UTs with an API of 1 case per 1000 population at risk or above) by 2027.

Resistance data generated by entomological surveillance helps in deciding vector control measures and taking appropriate decision for the use of insecticide in the programme.

Dengue/Chikungunya:
In absence of specific drug for treatment of cases and vaccine for prevention, Dengue and Chikungunya cases are treated symptomatically. Government of India monitors the situation through laboratory confirmed cases of Dengue and Chikungunya through identified laboratory network (SSHs & ARLs) as reported by the States. This helps in early response to the situation and to initiate public health measures for containment.

Network of laboratory also monitors Dengue virus activity during the inter-epidemic period and alert programme managers for effective remedial measures in areas with viral activity.

JE/AES:
On the basis of the reports submitted by the Sentinel sites, the preventive and control measures are initiated by the States for containment of JE and also it helps in case management due to early diagnosis and early referral.

Lymphatic Filariasis:
These steps will improve the health parameters in following ways

I. Future generation will be free from lymphatic filariasis.

II. Improvement in quality of life of affected population by reducing the DALYs.

III. Reduce the economic burden of the affected families which in turn reduce the economic burden of the country.